Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5:2:15:3.

Date:	<u>1-19-08</u>	Address:	Jim Neu Dr. & Pine Road
Case #:	<u>24-28924</u>		Plymouth, IN 46563
County:	Marshall		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) [] Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): Open air			
Corrosive Acid:			
Corrosive Base:			
☑ Other (item and location):coffee filters with eph.			
_			
☐ Yes _ ⊠ No	under age 18 discovered (check one) Investigative Information		e/Pseudoephedrine Tracking Log crehant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: Plymouth Fire	Fax: <u>574-9</u>	
Health Department: Marshall Co.		Fax; <u>(574)</u> Fax;	
Child Prote	ection Service:		_
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.